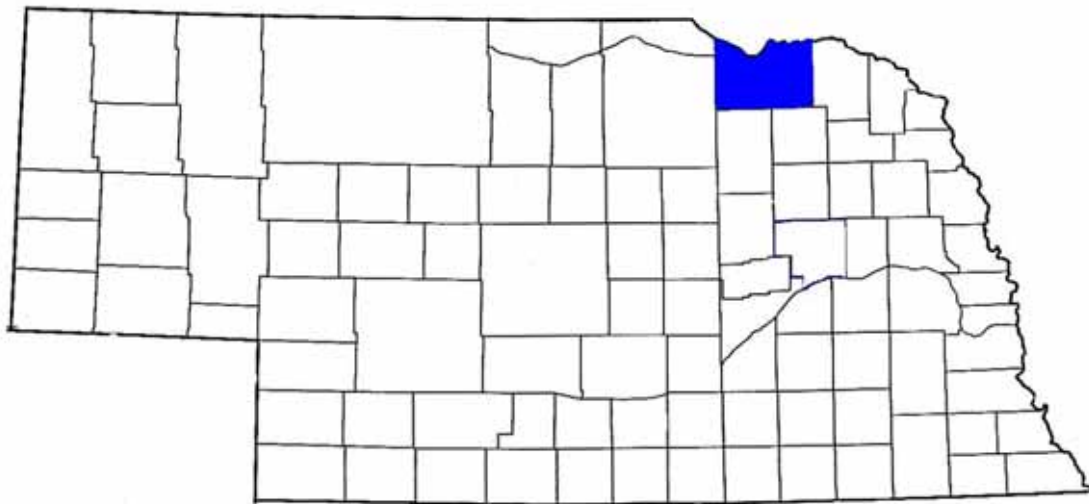


MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

FINDINGS FOR KNOX COUNTY NEBRASKA



MAY 2006

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

KNOX COUNTY, NEBRASKA

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A special thank you goes to the HHSS staff who edited this report

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EXECUTIVE SUMMARY

This report summarizes findings from interviews conducted in November/December of 2004. The target population consisted of a sample from the Santee Sioux Nation in Knox County, Nebraska. Personal interviews were conducted at homes, places of work, and at social/recreational gatherings. The instrument was based on the Behavior Risk Factor Surveillance System.

SELECTED FINDINGS

Socio-demographic Characteristics

Employment & Income

- o 61.3% of respondents were employed, and 38.7% were unemployed at the time of the survey.
- o Over half reported annual household incomes of less than \$20,000, with three in ten respondents reporting incomes of less than \$10,000.

Health Status & Use of Health Services

Health Status

- o When asked to rate their health in general, 9.5% said it was excellent, and 23% said very good. An additional 43.2% considered their health good. 18.9% rated their health as fair, and 5.4% as poor.
- o Using the BRFSS definition of 'at risk' for health status, those who rated their health status as fair or poor (24.3%) are at risk, compared to 12.7% in the 2003 Nebraska BRFSS.
- o Within the previous year, 77% of the respondents had visited a doctor for a routine check up; and a cumulative 91.9% had visited a doctor within the previous 3 years.
- o About two-thirds visited an eye doctor within the previous year; 87.8% had done so within the past three years. 56.8% visited a dentist within the previous year, and 90.6% visited a dentist within the past three years.
- o 70.7% had their cholesterol checked, while 29.3 % had not.
- o Of respondents who had their cholesterol checked, 81.1% had done so within the past year, and most were within the past five years (94.3%). The results of the screenings show that almost half (47.2%) had high cholesterol levels.
- o 98.7% had a recent blood pressure test (within the past two years). Of those, 53.3% were told by a health care professional that their blood pressure was high.

Chronic Conditions & Use of Health Services

Diabetes

- o Of the respondents, 33.3% had been told they had diabetes, and an additional percent (women) were told they have gestational diabetes. Respondents reported controls including diet, oral medication, exercise, and injections.

Asthma

- o 13.3% of the respondents had been told by a doctor that they had asthma, and 72.7% reported continuing problems with this disease.

Women's Health

- o Of the female respondents, 75% had a clinical breast exam, and for those over age 40 that increased to 84.6%. The comparable rate for Nebraska women (2002) was 90.4%.
- o 80.6% reported that their last clinical breast exam was in the previous two years.
- o Of all women respondents, 54.3% performed breast self examination every month.
- o 85% of women over 50 had a mammogram.
- o 97.9% of female respondents had a Pap smear, and 78.3% had one within the previous two years.

Children's Health

- o Of respondents with children under five years of age (or under 40 pounds of weight), 83.3% always or nearly always used child-protective car seats for their children. About one in six with children under five reported using car seats sometimes.
- o 45.8% of respondents said that someone smoked in the house or in the car when children were present.
- o Diphtheria-Tetanus-Pertussis (DTP), Polio, and Measles-Mumps-Rubella (MMR) vaccinations were current for over 90% of the children. 93.6% of respondents with children took them to the dentist once per year.

Risk Factors for Chronic Conditions

Tobacco Use

- o 60% of the respondents smoked, 42.7% everyday and 17.3% some days. This was higher than the rate for Native Americans reported in the Nebraska BRFSS 1999-2000 (27%).
- o The average age that daily smokers began smoking was 17.3. Of those who smoked everyday, 53.1% reported that they had quit smoking for at least one day or longer during the previous two months.

Alcohol Use

- o 21.3% responded that they did not drink regularly, while about two-thirds of respondents did not usually drink each week or each month.
- o Of those respondents who reported drinking, 12% drank 1-2 times weekly or 1-8 times per month.
- o 14.7% of all respondents reported binge drinking on 1-5 occasions during the previous month, and of those, 53.8% reported driving after five or more drinks.

Overweight & Obesity

- o Of the respondents, 36.9% were overweight, 13.8% were in the normal range, and 49.2% were obese.

Physical Activity/Exercise

- o 56% of the Santee Sioux respondents reported engaging in exercise. The comparable figure for Nebraska was 78% (BRFSS 2003).

Seatbelt Use

- o 60% of the respondents always or nearly always used seatbelts.

Community & Workplace Concerns or Problems

- o 28% of the respondents did not have insurance at the time of the survey.
- o 9.3% agreed or strongly agreed that race/ethnicity was a barrier to receiving health services in their community, while 81.3% disagreed or strongly disagreed.

CHAPTER I: METHODOLOGY

A. INSTRUMENT

The instrument for this survey was developed using items available through the Behavioral Risk Factor Surveillance System (BRFSS). It has been used in recent studies of several target populations in Nebraska. The BRFSS is based on a research design developed in 1986 by the Centers for Disease Control and Prevention (CDC) to collect data on the prevalence of major health risk factors among adults. The BRFSS includes both a core survey and additional modules. Although questions on the national survey are standardized to ensure comparability of data with other states and to allow the identification of trend data, questions are routinely reviewed and new questions are tested annually. Information gathered in these studies can be used to target health education and risk reduction activities in order to lower rates of premature death and disability. BRFSS reports address major health risk factors such as smoking and physical inactivity; preventive health behaviors such as immunizations and cancer screening; health status including activity limitations and prevalence of diabetes; and health care issues such as health insurance coverage.

B. INTERVIEWS

The survey was completed using personal interviews conducted in November and December of 2004 with a sample of the Santee Sioux. Interviewer training was provided by the Nebraska Office of Minority Health. Interviews were conducted at homes, places of work, or at social/recreational gatherings. The sample size was set at 75. With a target population of about 700, the overall confidence interval (CI) for responses in this survey is about ± 10 .

C. REPORT

Data were entered by students employed by the Social Sciences Research Center (SSRC) at Wayne State College, Wayne, Nebraska. Joseph Nitzke, Director, completed the analyses and this report. In some instances, data from the Nebraska BRFSS are included to provide a context for the local results along with Nebraska 2010 objectives that are also measured using BRFSS data.

CHAPTER II: SELECTED RESPONSES FROM THE KNOX COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

A. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1) Age, Gender, & Race/Ethnicity

Respondents included more females (64.9%) than males (35.1%). The average age was 42.8 years, the median (midpoint) for age was 39, and the range of ages for respondents was 19 to 80. None of the respondents considered themselves Hispanic/Latino; 96% considered themselves Native American; 71.8% identified themselves as members of the Santee Sioux Nation, and 11.3% as members of the Ponca Nation. All of the respondents preferred English as their language at work and at school.

Demographics: Age, Gender, Race/Ethnicity						
Age	Mean/Average	42.85	Gender	Frequency	Valid %	
N = 74	Median	39	male	26	35.14	
	Range	19-80	female	48	64.86	
			Total	74	100	
			Refused/Missing	1		
				75		
BRFSS Age Categories			Female		Male	
	Frequency	Valid %	Frequency	Valid %	Frequency	Valid %
18-24	6	8.11	3	6.3	3	6.3
25-34	19	25.68	11	22.9	8	30.8
35-44	19	25.68	11	22.9	8	30.8
45-54	13	17.57	8	16.7	5	19.2
55-64	9	12.16	9	18.8	0	0
65+	8	10.81	6	12.5	2	7.7
Total	74	100	48	100	26	
System/Missing	1					
Total	75					
Race/Ethnicity	Do you consider yourself of					
	Frequency	Valid %				
Omaha Nation	3	4.23				
Winnebago Nation	1	1.41				
Santee Sioux Nation	51	71.83				
Ponca Nation	8	11.27				
Lakota	1	1.41				
Other	7	9.86				
Valid/Total	71	100				
not apply	3					
refused	1					
Total	75					

2) Marital Status

37.8% of respondents were married, and 12.2% were members of an unmarried couple. One in five was divorced, and one of four was single.

Marital Status		<u>Frequency</u>	<u>Valid %</u>
Valid	married	28	37.8
	divorced	15	20.3
	widowed	3	4.1
	single	19	25.7
	a member of an unmarried couple	9	12.2
	Total	74	100.0
Missing	refused	1	
Total		75	

3) Educational Attainment

Participants were asked for the highest grade or year of school completed. 41.9% of the Santee respondents completed high school, and 28.4% had graduated from a postsecondary institution (college or technical school).

Educational Attainment		<u>Frequency</u>	<u>Valid %</u>
Valid	some high school	10	13.5
	high school graduate or GED certificate	31	41.9
	some technical school or college	12	16.2
	technical school graduate	4	5.4
	college graduate	15	20.3
	postgraduate or professional degree	2	2.7
	Total	74	100.0
Missing	refused	1	
Total		75	

4) Employment

Of the respondents from the Santee Sioux, 61.3% were currently employed, and 38.7% were not. Of those not employed, 31.8% were homemakers, 9.1% students, 9.1% retired, and 50% (half of those not employed) were unable to work. 66.7% of those not employed reported being out of work for more than one year, and 72.7% reported that they were actively seeking employment. Of those 11 seeking employment, 6 were homemakers and 2 were students.

Currently Employed				Seeking Employment			
Valid		<u>Frequency</u>	<u>Valid %</u>	Valid		<u>Frequency</u>	<u>Valid %</u>
	yes	46	61.3		yes	8	72.7
	no	29	38.7		no	3	27.3
	Total	75	100		Total	11	100
				Missing	not apply	64	
				Total		75	

Reasons for Unemployment				Time Out of Work			
		Frequency	Valid %			Frequency	Valid %
Valid	homemaker	7	31.8	Valid	less than 1 month	1	11.1
	student	2	9.1		1 month to 3 months	1	11.1
	retired	2	9.1		4 months to 6 months	1	11.1
	unable to work	11	50		more than 1 year	6	66.7
	Total	22	100		Total	9	100
Missing	not apply	46		Missing	not apply	62	
	refused	7			refused	4	
	Total	53			Total	66	
Total		75		Total		75	

5) Annual Income

Over half reported annual household incomes of less than \$20,000, with three in ten respondents reporting incomes of less than \$10,000. The median household income for Knox County was \$27,564, and for Nebraska it was \$41,944.

Annual Income			
		Frequency	Valid %
Valid	less than \$10,000	21	29.2
	\$10,000-\$14,999	9	12.5
	\$15,000-\$19,999	8	11.1
	\$20,000-\$24,999	10	13.9
	\$25,000-\$29,999	4	5.6
	\$30,000-\$34,999	4	5.6
	\$35,000-\$39,999	4	5.6
	\$40,000-\$44,999	1	1.4
	\$45,000-\$49,999	2	2.8
	don't know/not sure	9	12.5
	Total	72	100.0
Missing	refused	3	
Total		75	

B. HEALTH STATUS & USE OF PREVENTIVE HEALTH SERVICES

1) Perceived Health Status

Health-related quality of life measures have been included in the BRFSS studies for a number of years. These questions seek to determine how persons perceive their own health and how well they function physically, psychologically, and socially during their usual daily activities. These indicators are important because they can assess dysfunction and disability not measured by standard data. This survey included a question about general health and other questions about routine check ups. Respondents who answered "fair" or "poor" to the question "Would you say that in general your health is: Excellent? Very good? Good? Fair? Or Poor?" are considered to be 'at risk.'

Self-Perceived Health Status			
	<u>Frequency</u>	<u>Valid %</u>	<u>NE BRFSS 2003</u>
excellent	7	9.5	22.3
very good	17	23.0	37.2
good	32	43.2	27.8
fair	14	18.9	9.5
poor	4	5.4	3.2
Total	74	100.0	100
Missing /refused	1		
Total	75		

When asked to rate their health in general, 9.5% of Santee respondents said it was excellent, 23% said very good, and an additional 43.2% considered their health to be good. However, 18.9% rated their health as only fair, and 5.4% poor. Using the BRFSS definition of 'at risk' for health status, those 24.3% are at risk, compared to 12.7% in the 2003 Nebraska BRFSS.

2) Routine Check Up

Within the past year, 77% of the Santee respondents visited a doctor for a routine check up; and a cumulative 91.9% had visited a doctor within the past 3 years. About two-thirds have visited an eye doctor within the past year; 87.8% within the past three years. Just over half (56.8%) visited a dentist within the past year, and 90.5% had visited a dentist within the past three years. Of the Santee respondents, 41.1% had 1-5 teeth removed; 23.3% had no teeth removed.

Time since last routine check up			Time since visit to eye doctor		Time since visit to dentist	
	<u>Frequency</u>	<u>Valid %</u>	<u>Frequency</u>	<u>Valid %</u>	<u>Frequency</u>	<u>Valid %</u>
past year	57	77.03	46	62.16	42	56.76
past 2 years	6	8.11	16	21.62	20	27.03
past 3 years	5	6.76	3	4.05	5	6.76
more than 5 years ago	2	2.70	3	4.05	3	4.05
			3	4.05	4	5.41
never	2	2.70	2	2.70		
don't know/not sure	2	2.70	1	1.35		
Total	74	100.00	74	100.00	74	100.00
refused	1		1		1	
Total	75		75		75	

Teeth removed due to gum disease or tooth decay			
		<u>Frequency</u>	<u>Valid %</u>
Valid	1 to 5	30	41.1
	6 or more but not all	13	17.8
	all	8	11.0
	none	17	23.3
	don't know/unsure	5	6.8
	Total	73	100.0
Missing	not apply	2	
Total		75	

3) Blood Pressure Screening & Use of Services

High blood pressure, a condition in which blood pressure is persistently elevated, is a major risk factor included in most BRFSS studies. It is associated with heart disease and stroke, two of the leading causes of death for Nebraska and the nation. People with high blood pressure are two to four times more likely to develop coronary heart disease than persons with normal blood pressure. Hypertension is also considered the most important risk factor for stroke. Persons with uncontrolled high blood pressure are seven times more likely to have a stroke than are people with normal blood pressure (Nebraska BRFSS, 2000).

The majority of respondents in the 1999 BRFSS in Nebraska reported that their blood pressure had been checked within the past two years (94%). In the survey of the Santee Sioux, 98.7% reported having a recent blood pressure test (within the past two years). Of those, 53.3% were told by a physician or nurse that their blood pressure was high. Of those (53.3%), three fourths (77.5%) reported being advised about high blood pressure more than once. 80% reported controlling their blood pressure with medication, 32.5% with exercise, and 17.5% with diet.

Time since last blood pressure check				Told >once that have high blood pressure				
		<u>Frequency</u>	<u>Valid %</u>			<u>Frequency</u>	<u>Valid %</u>	
Valid	past year	72	96	Valid	only once	9	22.5	
	past 2 years	2	2.7		more than once	31	77.5	
	don't know/not sure	1	1.3		Missing	Total	40	100
	Total	75	100		not apply	35		
				75				
				Total				
Ever been told have high blood pressure								
		<u>Frequency</u>	<u>Valid %</u>					
Valid	yes	40	53.3					
	no	35	46.7					
	Total	75	100					

to bring it down to a satisfactory level. For the remainder, cholesterol-lowering drugs are available that may be effective in reducing blood cholesterol levels. Cholesterol screening questions in Nebraska were asked most recently in the 2003 BRFSS (Nebraska Health and Human Services, BRFSS).

For the respondents from the Santee Sioux, 70.7% reported having their cholesterol checked, while 29.3% had not. In the 2003 Nebraska BRFSS, a similar percentage of respondents (73.5%) stated that they had their blood cholesterol level checked at some time in their lives. In Nebraska, 26.5% of adults reported never having this test done.

Of Santee respondents who had cholesterol screening, 81.1% were within the past year, and most were within the past five years (94.3%). The results of the screenings show that 47.2% had high cholesterol levels, compared to 30.5% in Nebraska. Comparatively, the percentage among all the states and territories who had their cholesterol checked within the past five years ranged from 54.7% to 82.5%, with a median in 2003 of 72.8%. The Nebraska target for 2010 is 80%.

Ever had cholesterol checked				
		<u>Frequency</u>	<u>Valid %</u>	<u>NE 2003 BRFSS</u>
Valid	yes	53	70.7	73.5
	no	22	29.3	26.5
	Total	75	100	
Time since last cholesterol check				
		<u>Frequency</u>	<u>Valid %</u>	
Valid	past year	43	81.1	
	past 2 years	1	1.9	
	past 3 years	3	5.7	
	past 5 years	3	5.7	
	more than 5 years ago	2	3.8	
	don't know/not sure	1	1.9	
	Total	53	100	
Missing	not apply	22		
Total		75		
Ever been told that cholesterol is high				
		<u>Frequency</u>	<u>Valid %</u>	<u>NE 2003 BRFSS</u>
Valid	yes	25	47.2	30.5
	no	27	50.9	69.5
	don't know/not sure	1	1.9	100
	Total	53	100	
Missing	not apply	22		
Total		75		

C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES

1) Joint Pain

In Nebraska, 30% of adults age 18 and older responding to the 1999-2000 BRFSS had been told by a doctor that they had arthritis or they had experienced chronic joint symptoms. These persons are considered to have arthritis. For this survey, 41.3% of the respondents reported joint pain during the past year, and for 45.2% those symptoms were present for 15 or more consecutive days.

Have had pain or swelling in joint in past year				Joint pain persisted 15 days or more			
		Frequency	Valid %			Frequency	Valid %
Valid	yes	31	41.3	Valid	yes	14	45.2
	no	44	58.7		no	16	51.6
	Total	75	100		don't know/not sure	1	3.2
					Total	31	100
				Missing	not apply	44	
				Total		75	

2) Diabetes

The number of newly-diagnosed cases of diabetes has risen at an alarming rate in the United States during the past ten years, according to the Nebraska BRFSS report (2003). That report estimated that those diagnosed represent about half of the total who have the disease. Of the respondents from the Santee Sioux, 33.3% had been told they have diabetes, and an additional 4% (women) were told that they had gestational diabetes. Respondents from the Santee Sioux reported controls including diet, oral medication, exercise, and injections (Q55).

Ever been told have diabetes or high blood sugar			
		Frequency	Valid %
Valid	yes	25	33.3
	yes, but female told only during pregnancy	3	4
	no	46	61.3
	don't know/not sure	1	1.3
	Total	75	100

Currently controlling through										
	Diet		Exercise		Insulin injections		Oral medication		Other	
	Frequency	Valid %	Frequency	Valid %	Frequency	Valid %	Frequency	Valid %	Frequency	Valid %
yes	9	34.62	14	53.85	7	26.92	5	19.23		
no	15	57.69	10	38.46	17	65.38	19	73.08	24	92.31
not controlling	2	7.69	2	7.69	2	7.69	2	7.69	2	7.69
Total	26	100	26	100	26	100	26	100	26	100
not apply	47		47		47		47		47	
refused	2		2		2		2		2	
Total	49		49		49		49		49	
Total	75		75		75		75		75	

3) Asthma

Nine percent of adult respondents in the 1999-2000 Nebraska BRFSS stated that a doctor had at some time told them that they had asthma. When asked whether or not they still had asthma, the majority (71%) responded affirmatively. This translates into a current prevalence estimate of about 6% among Nebraska adults. In this survey of the Santee Sioux, 13.3% of the respondents had been told by a doctor that they had asthma, and 72.7% reported continuing problems with this disease.

Ever been told have asthma				Still have asthma			
		Frequency	Valid %			Frequency	Valid %
Valid	yes	10	13.3	Valid	yes	8	72.7
	no	64	85.3		no	2	18.2
	don't know/not sure	1	1.3		don't know/not sure	1	9.1
	Total	75	100		Total	11	100
				Missing	not apply	64	
				Total		75	

D. WOMEN'S HEALTH

1) Breast Examination

Breast cancer is the most common non-skin malignancy among women in the United States and second only to lung cancer as a cause of cancer-related death. In 2001, an estimated 192,200 new cases of breast cancer were diagnosed in American women, and 40,200 women died of the disease. The risk for developing breast cancer increases with age, especially for women over 40. The probability of developing invasive breast cancer over the next ten years is 0.4% for women aged 30-39, 1.5% for women aged 40-49, 2.8% for women aged 50-59, and 3.6% for women aged 60-69 (Iowa BRFSS, 2003).

The American Cancer Society recommends that women age 40 and older have an annual mammogram, an annual clinical breast examination by a health care professional, and perform monthly breast self examinations. Younger women (ages 20 to 39) should have a clinical breast exam every three years and should also perform monthly breast self examinations. Results to the clinical exam question are reported for all respondents and for women over 40; however, the survey qualified the mammogram question for women over 50.

Ever had clinical breast exam					Performs breast self examination				
		Frequency	Valid %	NE BRFSS 2002			Frequency	%	Valid %
Valid	yes	36	75	90.4	Valid	yes	25	33.3	54.3
	no	12	25	9.6		no	21	28	45.7
	Total	48	100	100		Total	46	61.3	100
Missing	not apply	27				not apply	27	36	
Total		75				refused	2	2.7	
						Total	29	38.7	
					Total		75	100	

Time since last clinical breast exam			
		Frequency	Valid %
Valid	past year	21	58.3
	past 2 years	8	22.2
	past 3 years	5	13.9
	past 5 years	1	2.8
	don't know/not sure	1	2.8
	Total	36	100
Missing	not apply	39	
Total		75	

Of the female respondents from the Santee Sioux, 75% had a clinical breast exam, and for those over age 40, that increased to 84.6%. The comparable rate for Nebraska women (2002) was 90.4%. 80.6% reported that their last clinical breast exam was in the past two years (Nebraska, 89.8%). For women over 40, that increased to 86.4% (not shown). Of all women respondents, 54.3% examined their breasts every month. For those 40 and over, that increased to 72%.

2) Mammograms

Women over 50 were asked if they had ever had a mammogram; 85% responded affirmatively. In the 2002 Nebraska BRFSS, the comparable response is above 90% for those over 50 (reported in three age categories). For women respondents in the Santee Sioux, mammograms were usually part of a routine check up, with 82.4% of those within the past two years.

Ever had a mammogram, age >50				Reason for mammogram			
		<u>Frequency</u>	<u>Valid %</u>			<u>Frequency</u>	<u>Valid %</u>
Valid	yes	17	85	Valid	routine checkup	15	88.2
	no	3	15		breast problem other than cancer	1	5.9
	Total	20	100		had breast cancer	1	5.9
Missing	not apply	55			Total	17	100
Total		75		Missing	not apply	58	
				Total		75	

Time since last mammogram			
		<u>Frequency</u>	<u>Valid %</u>
Valid	past year	12	70.6
	past 2 years	2	11.8
	past 3 years	3	17.6
	Total	17	100
Missing	not apply	58	
Total		75	

3) Pap Smear

Pap smears are used to detect cervical cancer in women. Early cervical pre-cancers or cancer often have no signs or symptoms, so it is important for women to have regular Pap tests. The American Cancer Society recommends that women who are, or have been, sexually active or who have reached 18 years of age should have a Pap test performed annually along with a pelvic exam. Women who have had a hysterectomy or who have passed menopause still need to have regular Pap tests. After three or more consecutive annual exams with normal results, the Pap test may be performed less frequently at the discretion of the physician.

For female respondents from the Santee Sioux, 97.9% had a Pap smear, and 78.3% of those were within the past two years. For 80% of Santee women the Pap test was part of a routine check up. For women responding to the Nebraska BRFSS, 93.9% reported having a Pap smear, 83% within the past two years.

Ever had a Pap smear					Reason for Pap smear			
		Frequency	Valid %	NE BRFSS 2002			Frequency	Valid %
Valid	yes	47	97.9	93.9	Valid	routine exam	36	80
	no	1	2.1	6.1		check problem	6	13.3
	Total	48	100			other	1	2.2
Missing	not apply	27				don't know/not sure	2	4.4
Total		75				Total	45	100
					Missing	not apply	28	
						refused	2	
						Total	30	
					Total		75	

Time since last Pap smear				
		Frequency	Valid %	NE BRFSS 2002
Valid	past year	25	54.3	69.5
	past 2 years	11	23.9	13.5
	past 3 years	2	4.3	4.8
	past 5 years	2	4.3	2.9
	more than 5 years	5	10.9	9.2
	don't know/not sure	1	2.2	100
	Total	46	100	
Missing	not apply	28		
	refused	1		
	Total	29		
Total		75		

4) Pregnancy

Six questions dealt with issues related to pregnancy, with the first qualifying respondents who had been pregnant within the past five years. Of the Santee female respondents, 25.5% were pregnant at the time of the survey or within the past five years. Of those (12 respondents), 83.3% visited a doctor before the third month of pregnancy, with the remainder (16.6%) visiting in the second trimester. One-third (33.3%) of those who were smokers did not stop smoking during their pregnancy; 41.7% were non-smokers. 25% who were smokers quit while they were pregnant, often on the advice of a family member or health care provider (33.3%).

Has been pregnant in last 5 years				First visit to doctor during pregnancy			
		Frequency	Valid %			Frequency	Valid %
Valid	yes	11	23.4	Valid	before the 3rd month	10	83.3
	yes, currently pregnant	1	2.1		3rd month	1	8.3
	no	34	72.3		5th month	1	8.3
	don't know/not sure	1	2.1		Total	12	100
	Total	47	100	Missing	not apply	63	
Missing	not apply	27		Total		75	
	refused	1					
	Total	28					
Total		75					

Smoked during pregnancy				# Cigarettes smoked during pregnancy			
		<u>Frequency</u>	<u>Valid %</u>			<u>Frequency</u>	<u>Valid %</u>
Valid	yes	4	33.3	Valid	2	2	50
	no, I wasn't a smoker	5	41.7		3	2	50
	no, I quit because of my pregnancy	3	25		Total	4	100
	Total	12	100	Missing	not apply	71	
Missing	not apply	63		Total		75	
Total		75					

If stopped smoking, reason				<u>Frequency</u>	<u>Valid %</u>
Valid	family member advice/support			1	16.7
	health care provider advice			1	16.7
	other			3	50
	nothing, I did not reduce or stop smoking			1	16.7
	Total			6	100
Missing	not apply			69	
Total				75	

E. CHILDREN'S HEALTH

1) Age Distribution of Children in Households

In all, 64% of the respondents reported having children living in the home within various age categories, an average of 2.6 children per respondent who reported children in the home (125 children in all). Of those, the largest concentration was in the age group of 5-9 years.

Number and age of children					
under one year	<u>Frequency</u>	<u>%</u>	10-12 years	<u>Frequency</u>	<u>%</u>
1	7	9.3	1	13	17.3
2	1	1.3	2	4	5.3
1-4 years			3	1	1.3
1	12	16	4	1	1.3
2	1	1.3	13-15 years		
5-9 years			1	11	14.7
1	17	22.7	2	6	8
2	8	10.7	3	1	1.3
3	2	2.7	16-17 years		
			1	5	6.7
			2	2	2.7

2) Protective Car Seats

Of respondents with children under five years of age (or under 40 pounds of weight), 83.3% always or nearly always use a child protective car seat for their children. About one in six with children under five reported using a car seat sometimes.

Uses car seat for children <5			
		<u>Frequency</u>	<u>Valid %</u>
Valid	always	10	55.6
	nearly always	5	27.8
	sometimes	3	16.7
	Total	18	100.0
Missing	not apply	54	
	refused	3	
	Total	57	
Total		75	

3) Exposure to Environmental Tobacco Smoke

Smokes at home or in car when children are present			
		<u>Frequency</u>	<u>Valid %</u>
Valid	yes	14	29.2
	yes, smokes in the house or car but not around children	8	16.7
	no	26	54.2
	Total	48	100.0
Missing	not apply	27	
Total		75	

In response to a question about smoking and children (exposure to secondhand smoke), 45.8% of Santee respondents said that someone smoked in the house or in the car when children were present.

4) Asthma, Dental Care, & Lead Poisoning

For other health issues:

Dental care: 93.6% took their children to the dentist once per year.

Lead poisoning: 2.1% had been treated for lead poisoning.

Asthma: 22.9% suffered from asthma.

5) Vaccinations

Diphtheria-Tetanus-Pertussis (DTP): 92.6% reported that the youngest child had received the DTP vaccination.

Polio: 85.2% had received the polio vaccine.

Measles-Mumps-Rubella (MMR): 88.9% had been vaccinated for MMR.

In one instance where the child had not received a vaccination, the reason cited was concern about an adverse reaction.

Children visit dentist once per year		
	<u>Frequency</u>	<u>Valid %</u>
yes	44	93.6
no	3	6.4
Total	47	100
Children ever treated for lead poisoning		
yes	1	2.1
no	45	95.7
don't know/not sure	1	2.1
Total	47	100
Children have asthma		
yes	11	22.9
no	36	75
don't know/not sure	1	2.1
Total	48	100

DTP vaccination for children		
	<u>Frequency</u>	<u>Valid %</u>
yes	25	92.6
no	1	3.7
don't know	1	3.7
Total	27	100
Polio vaccination for children		
yes	23	85.2
no	2	7.4
don't know	2	7.4
Total	27	100
MMR vaccination for children		
yes	24	88.9
no	2	7.4
don't know	1	3.7
Total	27	100

F. BEHAVIORAL RISK FACTORS FOR CHRONIC DISEASE

1) Tobacco Use

Tobacco use remains the single most preventable cause of disease and death in the United States. Cigarette smoking alone is responsible for approximately 430,000 deaths annually—about 20% of all deaths in this country. Deaths due to smoking account for more deaths each year than AIDS, alcohol, cocaine, heroin, homicide, suicide, and motor vehicle crashes combined. On average, smokers die nearly seven years earlier than non-smokers.

Consequences of smoking during pregnancy include spontaneous abortions, low birth weight babies, and sudden infant death syndrome (SIDS). Secondhand smoke (SHS) increases the risk of heart disease and lung cancer in adults. SHS also affects children by increasing lower respiratory tract infections and asthma and by decreasing pulmonary functioning.

Uses tobacco products				Mean number of cigarettes per day		
		<u>Frequency</u>	<u>Valid %</u>	N	Valid	
Valid	every day	32	42.7		Missing (Not Apply)	31
	some days	13	17.3			44
	not at all	30	40	Mean		12.55
	Total	75	100	Median		10
				Minimum		1
				Maximum		30

In 2003, 22.7% of respondents in the Nebraska BRFSS stated that they were current smokers, a rate unchanged from 1999-2000. Of the Santee Sioux respondents, 60% were self-identified as smokers, smoking everyday (42.7%) or some days (17.3%). This is higher than the rate for Native Americans reported in the Nebraska BRFSS 1999-2000 (27%), and it is also above the target for Nebraska 2010 of 12%.

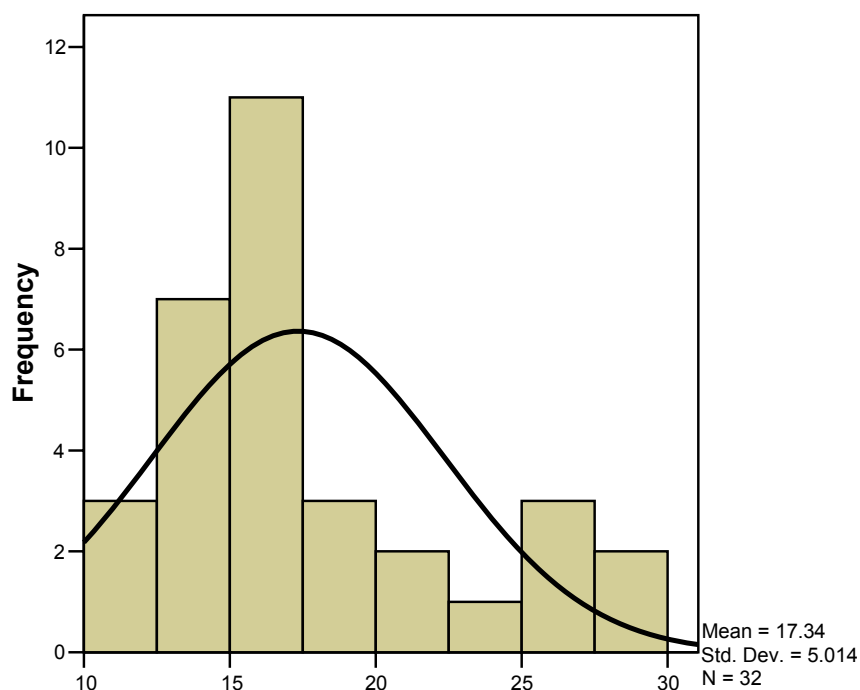
For smokers who smoked every day, the average number of cigarettes per day was 13. Those smokers began as early as 11 years old, with a range for starting from 11 to 30 years. For the Santee Sioux, the average age that daily smokers began smoking was 17.34. Of those who smoked every day, more than half (53.1%) reported that they had quit smoking for at least one day or longer during the past two months.

Tried to quit smoking

Valid	yes	17	53.1
	no	15	46.9
	Total	32	100
Missing	not apply	43	
Total		75	

Smoking is also a concern when related to issues of maternal and child health. Of those who smoked, 22% smoked around children, while 34% smoked in the house or car but not around children. 40.7% did not smoke around children. Although 4 respondents who were pregnant within the past five years reported smoking while pregnant, 3 respondents quit because they were pregnant. (This is a low response rate: interpret with caution.) Advice from family members and health providers was influential in making this decision (33.4%), but many did not attribute quitting to a specific cause (50%).

Age when first started smoking cigarettes daily



2) Alcohol Consumption

Drinking behaviors that are 'risky' include binge drinking and heavy drinking. Heavy drinking can increase the risk for certain cancers, especially those of the liver, esophagus, throat, and larynx (voice box). Heavy drinking can also cause liver cirrhosis, immune system problems, brain damage, and harm to a fetus during

pregnancy. Drinking increases the risk of death from automobile crashes as well as recreational and on-the-job injuries.

Mean number of drinking days per week				On a drinking day, mean number of drinks			
	Frequency	%	Valid %		Frequency	%	Valid %
0	48	64	85.71	Valid	2	2.7	15.4
1	3	4	5.36		3	1	1.3
2	4	5.33	7.14		6	1	1.3
3	1	1.33	1.79		7	1	1.3
Total	56	74.67	100		8	1	1.3
don't drink regularly	16	21.33			12	5	6.7
don't know/not sure	1	1.33			15	1	1.3
refused	2	2.67			24	1	1.3
Total	19	25.33			Total	13	17.3
	75	100		Missing	not apply	61	81.3
					refused	1	1.3
					Total	62	82.7
				Total	75	100	

Heavy drinking is defined in the Nebraska Behavioral Risk Factor Surveillance Survey (BRFSS) as having more than 60 drinks per month, or more than two drinks per day. In the survey, respondents were asked "During a typical month, how many days per week or per month do you drink any alcoholic beverages?" Responses were recorded for both days per week and per month.

For the Santee Sioux, 21.9% responded that they did not drink regularly, while about two-thirds of respondents did not usually drink each week or each month. About four of five respondents did not drink or at least did not drink regularly.

Of those respondents who reported drinking, about one in eight (12%) drank 1-2 times weekly or 1-8 times per month. In response to the question, "How old were you when you started drinking alcoholic beverages at least once a week?" the youngest age given was 13, and the average age was 16.82.

Binge drinking is defined as having more than five drinks on one occasion. Looking at responses to the five drink related questions, 76.9% of those who reported drinking would be classified as binge drinkers (10 of 13 respondents), with those respondents reporting between 6-24 drinks on an occasion. During the past month, 14.7% of all respondents reported binge drinking on 1-5 occasions, and of those, 53.8% reported driving after five or more drinks (7 respondents).

Days when had 5+ drinks					Number days when drove after having 5+ drinks				
		Frequency	%	Valid %		Frequency	%	Valid %	
Valid	0	1	1.3	8.3	Valid	0	6	8	46.2
	1	4	5.3	33.3		1	2	2.7	15.4
	2	3	4	25		2	2	2.7	15.4
	3	2	2.7	16.7		6	1	1.3	7.7
	4	1	1.3	8.3		10	2	2.7	15.4
	5	1	1.3	8.3		Total	13	17.3	100
	Total	12	16	100	Missing	not apply	61	81.3	
Missing	not apply	61	81.3			refused	1	1.3	
	don't know/not sure	1	1.3			Total	62	82.7	
	refused	1	1.3		Total	75	100		
	Total	63	84						
Total		75	100						

Mean number of drinking days per month				Mean age when started drinking			
Valid	Frequency	%	Valid %			Frequency	Valid %
0	47	62.67	83.93	Valid	13	1	9.1
1	4	5.33	7.14		14	2	18.2
3	1	1.33	1.79		15	1	9.1
4	1	1.33	1.79		17	3	27.3
5	1	1.33	1.79		18	1	9.1
6	1	1.33	1.79		19	1	9.1
8	1	1.33	1.79		20	1	9.1
Total	56	74.67	100		21	1	9.1
don't drink regularly	16	21.33			Total	11	100
don't know/not sure	1	1.33		Missing	not apply	61	
refused	2	2.67			don't know/not sure	2	
Total	19	25.33			refused	1	
Total	75	100			Total	64	
				Total		75	

3) Exercise

Regular physical activity is important at all stages of life for maintaining health, enhancing quality of life, and preventing premature death. On average, physically active people outlive those who are inactive. A lifestyle lacking in regular physical activity has been associated with an increased risk for cardiovascular illness, cancer, osteoporosis, and other debilitating conditions. Despite these risks, a large proportion of people remain inactive.

Citing the 1996 *Surgeon General's Report on Physical Activity and Health*, the 2000 Nebraska BRFSS report catalogued the benefits of exercise, including reduced risk of coronary heart disease (the leading cause of death in the United States and in Nebraska); reduced risk of developing diabetes, high blood pressure, and colon cancer; support for maintaining or attaining healthy body weight; maintenance (for older adults) of strength and agility, and the ability to live independently; and enhanced psychological well-being, combating the effects of stress. Those who report no leisure-time physical activity during the past month are physically inactive, and (in BRFSS terms) 'at risk.' The Surgeon General's report concludes that sedentary persons can achieve major health gains by engaging in moderate physical activity (such as 30 minutes of brisk walking) on most, preferably all, days of the week. The target for U.S. Goals 2010 is to reduce that to 20% no activity; the goal for Nebraska 2010 is 15%.

Any physical activity in past month				
		Frequency	Valid %	NE 2002 BRFSS
Valid	yes	42	56	78
	no	30	40	22
	don't know/not sure	3	4	100
	Total	75	100	

Although 56% of the Santee Sioux respondents reported engaging in exercise, this is lower than comparable figures for Nebraska (78%, BRFSS 2003). In this study, 73.1% of men reported regular exercise compared to 47.9% of women. Of those who did exercise, 35.7% exercised two times per week or less, 21.4% exercised three times per week, and 19% exercised five days each week. Per month, the

number of exercise periods ranged from 1 to 36. For those who exercised, 22% exercised for 60 minutes each session, while for 36.6%, exercise sessions lasted 30 minutes or less.

Any physical activity in last month, by gender

		<u>Yes %</u>	<u>No %</u>	<u>don't know/not sure %</u>	<u>Total %</u>
sex	male	73.1	19.2	7.7	100
	female	47.9	50	2.1	100
Total		56.8	39.2	4.1	100

Mean times physical activity performed in last month

	<u>Times/week</u>	<u>Freq/Week</u>	<u>Valid %/Week</u>	<u>Times/Month</u>	<u>Frequency</u>	<u>Valid %</u>
Valid	0	5	11.9	0	33	78.57
	1	2	4.76	1	1	2.38
	2	8	19.05	2	2	4.76
	3	9	21.43	4	1	2.38
	4	3	7.14	8	1	2.38
	5	8	19.05	36	1	2.38
	6	2	4.76			
	7	1	2.38			
	25	1	2.38			
	don't know/not sure	3	7.14	don't know/not sure	3	7.14
	Total	42	100	Total	42	100
Missing	not apply	33		not apply	33	
Total		75			75	

4) Obesity

Overweight and obesity are probably the most serious health problems in America today. Obesity is a condition linked to risk factors for cardiovascular disease, cancer, and stroke; the first, second, and third leading causes of death in many reports. It is associated with Type II diabetes, arteriosclerosis (hardening of the arteries), gout, asthma, hypertension, and osteoarthritis.

The prevalence of overweight and obesity among adults, adolescents, and children has risen considerably over the past twenty years in the United States and in Nebraska, according to BRFSS reports. Overweight- and obesity-related conditions are the second leading cause of death in the U.S., resulting in about 300,000 lives lost each year. Among preventable causes, only smoking kills more Americans.

The Body Mass Index (BMI) was developed as an instrument to represent overall weight conditions and trends in survey populations. As such, its calculations sometimes overlook relative muscle mass, consequently depicting athletes as being overweight (for example). Nevertheless, it continues to be used as a proxy measure for overweight and obesity in adults until a better method of determining actual body fat is developed. Height and weight figures used to determine overweight and obesity in this study were those reported by respondents. It is calculated by dividing weight by the square of height.

Obese people have BMIs of 30 or greater. Overweight people have BMIs of 25 to 29.9. 'At risk' individuals are those with BMIs greater than 27.8 in men and 27.3 in women.

The average BMI for Santee survey respondents was 30.9, above the margin for being 'at risk' due to overweight. Factoring in gender, 68.2% of the respondents are 'at risk' for being overweight. Of the respondents, 36.9% were overweight, 13.8% were in the normal range, and 49.2% were obese. In

responses to the 2002 Nebraska BRFSS, 39.8% were in the normal category, 37% overweight, and 23.2% obese. The Nebraska results from previous administrations of the BRFSS show the obese category at about 12% in 1992, 21% in 2000, and 23.2% in 2002. For Nebraska, the proportion of adults who are 'at risk' due to overweight or obesity has increased substantially over the years, according to the BRFSS.

Body Mass Index			Body Mass Index categories		
N	Valid	67		Frequency	Valid %
	Missing	8	normal	9	13.8
Mean		30.9092	overweight	24	36.9
Median		29.1772	obese	32	49.2
Minimum		17.71	Total	65	100.0
Maximum		51.21	System	10	
				75	

'At risk' from overweight			
		Frequency	Valid %
Valid	At risk	45	68.2
	Not at risk	21	31.8
	Total	66	100.0
Missing	System	9	
Total		75	

5) Seatbelt Use

Motor vehicle crashes in Nebraska account for about one-half of unintentional injury deaths. Seatbelt use is monitored because it is the most effective way to reduce risk of death and serious injury in a motor vehicle crash. The 2002 Nebraska BRFSS survey found that 81.3% of Nebraska residents always or nearly always used seatbelts. That represents an increase over figures from previous studies (1993-1999, 77%). The Nebraska 2010 Goal is 92%. For the respondents from the Santee Sioux, 60% always or nearly always use seatbelts. The table presents comparable figures from the 2002 BRFSS as well as the responses for use of seatbelts for children (n=10) in this survey.

Frequency of seatbelt use				
	Frequency	Valid %	NE 2002 BRFSS	With Children/ Valid %
always	25	33.33	68.6	55.6
nearly always	20	26.67	12.7	27.8
sometimes	23	30.67	8.3	16.7
seldom	3	4.00	4.8	
never	4	5.33	5.5	
Total	75	100.00	100.0	100.0

6) HIV/AIDS Knowledge

HIV/AIDS has been reported in virtually every age and socioeconomic group, every racial and ethnic population, every state, and in most large cities in the United States. In Nebraska, a cumulative total of 1,092 AIDS cases were reported through the end of 2000. More than half (55%) of all persons in the state diagnosed with AIDS between 1983 and 2000 have died (Nebraska Health and Human Services, BRFSS 2000).

Respondents were asked a series of questions that assessed their knowledge of and experience with HIV/AIDS. When asked, “Do you think HIV is the same as AIDS?” 50.7% of the Santee Sioux respondents answered “yes.”

Beliefs about risk factors for contracting HIV/AIDS							
Sex, >1 partner, no condom				Sharing needles			
		Frequency	Valid %				
Valid	yes	69	94.5	Valid	yes	64	92.8
	no	2	2.7		no	3	4.3
	don't know	2	2.7		don't know	2	2.9
	Total	73	100.0		Total	69	100.0
Missing	refused	2		Missing		6	
Total		75		Total		75	
Kissing				Mosquitoes			
		Frequency	Valid %			Frequency	Valid %
Valid	yes	20	27.8	Valid	yes	13	18.3
	no	42	58.3		no	37	52.1
	don't know	10	13.9		don't know	21	29.6
	Total	72	100.0		Total	71	100.0
Missing	refused	3		Missing	refused	4	
Total		75		Total		75	
Toilet seat							
		Frequency	Valid %				
Valid	yes	10	14.1				
	no	48	67.6				
	don't know	13	18.3				
	Total	71	100.0				
Missing	refused	4					
Total		75					

G. ACCESS & USE OF HEALTH SERVICES

1) Health Insurance

Lack of a health care plan or inadequate insurance coverage prevents many people from getting needed care. Persons with health insurance are generally more likely to have a primary care provider and to have received appropriate preventive care, such as early prenatal care, immunizations, or a recent Pap test. In Nebraska, 91% of adults age 18 and older who participated in the 1999-2000 BRFSS said they had some kind of health care coverage. However, 9% stated that they were uninsured at the time of the survey.

In this survey, 28% of the respondents did not have insurance. For those with insurance, sources of coverage include the Indian Health Service (45.3%), Medicaid (26.4%), and Medicare (18.9%). Of those with insurance coverage, 45.3% reported that it covered 100% of the cost of hospital visits; and another 34% reported that it covered between 50-99%. 50% reported that it covered 100% of doctor visit costs when respondents were sick, with another 32.7% reporting that insurance covered 50-99% of the cost of doctor visits. Those who were without coverage cited a variety of circumstances leading to a loss of insurance coverage.

Health care coverage				Type of health care coverage		
		Frequency	Valid %		%	Valid %
Valid	yes	54	72.0	your employer	4	5.7
	no	21	28.0	someone else's employer	2.7	3.8
	Total	75	100.0	someone else buys	2.7	3.8
				Medicare	13.3	18.9
				Medicaid	18.7	26.4
				military	0	100
				Indian Health Service	32	45.3
				other	6.7	9.4
				Valid	53	100

Primary reason for no health care coverage				Frequency	Valid %
Valid	lost job or changed employers			1	5.9
	became ineligible because of age or because left school			1	5.9
	employer doesn't offer or stop offering coverage			1	5.9
	couldn't afford to pay the premiums			5	29.4
	lost Medicaid or medical assistance ability eligibility			5	29.4
	other			2	11.8
	don't know/not sure			2	11.8
	Total			17	100.0
Missing	not apply			54	
	refused			4	
	Total			58	
Total				75	

2) Medical Care Coverage of Services

Hospital coverage levels				Doctor's office visit coverage			
		Frequency	Valid %			Frequency	Valid %
Valid	100%	24	45.3	Valid	100%	26	50.0
	50% to 99%	18	34.0		50% to 99%	17	32.7
	0%	1	1.9		don't know/not sure	9	17.3
	don't know/not sure	10	18.9		Total	52	100.0
	Total	53	100.0	Missing	not apply	21	
Missing	not apply	21			refused	2	
	refused	1			Total	23	
	Total	22					75
Total		75		Total			

3) Regular Source of Health Care

When Santee respondents were asked about their use of different health resources, they reported using, in this order: 1) medical doctor, 2) pharmacist, 3) nurse or nurse practitioner, 4) family friend or neighbor, and 5) hospital emergency room. In response to a follow up question about which resource would be their first choice, 85.2% chose a medical doctor, and 5.6% a folk doctor.

People, places, or resources used for help			Of these, first choice		
	Valid for this item	Valid Pct Yes		Frequency	Valid %
Folk healer/Curandero/ Medicine Man	59	15.3	Folk healer/Curandero/ Medicine Man	3	5.6
Psychic/spiritualist	61	8.2	Medical doctor	46	85.2
Medical doctor	65	89.2	Pharmacist	1	1.9
Chiropractor	59	10.2	Counselor	1	1.9
Pharmacist	63	65.1	Family/friend/neighbor	1	1.9
Hospital emergency room	61	27.9	Nurse/nurse practitioner	2	3.7
Counselor	59	16.9	Valid/Total Pct.	54	100
Family/friend/neighbor	59	37.3			
Nurse/nurse practitioner	61	45.9			
Church or temple	57	5.3			
Community center	57	3.5			
Other	63	0			

4) Race/Ethnicity as a Health Care Barrier

Respondents were asked, "Do you believe racial or ethnic origin is a barrier to receiving health care services in your community?" Just 9.3% from the Santee Sioux agreed or strongly agreed that race/ethnicity was a barrier, while 81.3% disagreed or strongly disagreed that race/ethnicity was a barrier to health services in their community. Responses to questions about specific barriers to receiving health care are also presented. Most frequent cites were transportation (17.4%) and waiting to be seen (15.9%).

Believe racial or ethnic origin is a barrier to receiving health care					
		Frequency	%	Valid %	Cumulative %
Valid	strongly agree	1	1.3	1.3	1.3
	agree	6	8.0	8.0	9.3
	disagree	54	72.0	72.0	81.3
	strongly disagree	7	9.3	9.3	90.7
	don't know/not sure	7	9.3	9.3	100.0
	Total	75	100.0	100.0	

Problems experienced getting health care		
	Valid Responses	Valid % Yes
cost	66	13.6
don't trust doctors	70	11.4
language	64	3.1
racial bias	69	2.9
don't know where to go	66	12.1
transportation	69	17.4
hours inconvenient	67	6
wait to be seen	69	15.9
cultural misunderstandings	67	3
too long to get appointment	68	8.8
other	62	3.2

5) Obstacles to Obtaining Health Care

Respondents were asked, "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?" Overall in Nebraska, 6% of respondents to the 1999-2000 BRFSS stated that there had been a time in the past 12 months when the potential cost of health care had prevented them from seeing a physician.

9.7% of the respondents in this survey reported being unable to see a physician because of cost. 58.7% saw a regular doctor. Most of the respondents (83.8%) saw a doctor in town. For 73.6% of the respondents, that health care visit is at the Indian Health Service.

Could not see a doctor due to cost

		Frequency	Valid %
Valid	yes	9	12.0
	no	65	86.7
	don't know/not sure	1	1.3
	Total	75	100.0

6) Help Seeking Behaviors

Uses particular medical doctor

		Frequency	Valid %
Valid	yes	44	58.7
	no	31	41.3
	Total	75	100.0

Uses medical doctor in town

		Frequency	Valid %
Valid	yes	62	83.8
	no	11	14.9
	don't know/not sure	1	1.4
	Total	74	100.0
Missing	not apply	1	
Total		75	

Where do you go to see a medical doctor?

		Frequency	Valid %
Valid	doctors office	8	11.1
	health department or other community clinic	9	12.5
	Indian health service	53	73.6
	other	2	2.8
	Total	72	100.0
Missing	refused	3	
Total		75	

H. COMMUNITY PROBLEMS

Community concerns were addressed first by two open ended questions asking about general community concerns and then about community concerns that specifically affected each respondent. This was followed by a closed-end question that asked respondents to rank (Likert scale) concerns about a series of issues.

Respondents were asked to rank a series of topics with the question, “What do you see as critical in this community?” Responses were on a scale: 1 = Not Important to 5= Critical. The mean scores are reported here, and these are sorted by the most critical. That is, those with the highest mean score are the most critical.

Critical community problems – open-ended

	References per topic	Score: 1st Response	Score: 2nd Response	Score: 3rd Response	Total Score
Columns A-E	A Total	B Responses*3	C Responses*2	D Response*1	E (B+C+D)
			R	Responses*1	
alcohol	64	120	30	9	159
drugs	38	27	48	5	80
diabetes	16	30	4	4	38
activities for kids	6	9	4	1	14
police department	3		6		6

Critical problems affecting respondents

	References per topic	Score: 1st Response	Score: 2nd Response	Score: 3rd Response	Total Score
Columns A-E	A Total	B Responses*3	C Responses*2	D Response*1	E (B+C+D)
drugs	14	21	10	2	33
alcohol	13	18	10	2	30
diabetes	9	15	2	3	20
jobs	7	12	4	1	17
education	6	9	2	2	13

Critical community problems – close-ended

	Valid Responses	Ranked by Mean
employment	66	4.48
at risk youth	64	4.36
violence/crime	63	4.27
education	64	4.13
social/recreational activities	64	4.03
health	66	3.64
housing	63	3.48
transportation	64	3.33
minority representation in government	61	3.21
discrimination	61	2.82

I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

Information about workplace barriers can be used to help improve working conditions. Respondents were asked, “Have you ever worked in Nebraska?” Most respondents (90.7%) had worked in Nebraska. Of the 65 respondents who had worked in Nebraska, 28 had experienced barriers within the workplace.

Has ever worked in Nebraska			
		<u>Frequency</u>	<u>Valid %</u>
Valid	yes	68	90.7
	no	7	9.3
	Total	75	100
Has experienced workplace problems			
	<u>Valid</u>	<u>Frequency</u>	<u>Valid %</u>
inadequate bathroom/water breaks	65	9	13.8
no easy access to drinking water	65	7	10.8
poor air quality	65	10	15.4
inadequate equipment available	65	13	20.0
inadequate medical attention if injured	65	7	10.8
physical abuse	66	4	6.1
inadequate training/supervisors	67	11	16.4
verbal abuse	67	11	16.4
asked to take unnecessary risks	66	8	12.1
have been cheated in pay	65	10	15.4
other	55	1	1.8
Type of work when this occurred			
	<u>Valid</u>	<u>Frequency</u>	<u>Valid %</u>
professional	28	9	32.1
construction	28	6	21.4
meatpacking	28	5	17.9
factory	28	10	35.7
field work	28	4	14.3
other	28	5	17.9

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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AA/EOE/ADA